FORM D.



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

_1/808	58
OMB A	PPROVAL
OMB Number:	3235-0076
Expires:	May 31, 2002
Estimated average	burden
Hours per respons	se: 16.00
SEC U	SE ONLY
Prefix	Serial
DATE	DECEIVED

Name of Offering (UNITORIA EMITED ON ERING EXE	AVII TION		
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Lazard Pacific & Emerging Opportunities, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) c/o LAM Pacific & Emerging Opps, LLC 30 Rockefeller Plaza New York, New York 10112-6300 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business To operate as a private investment limited partnership Type of Business Organization other (please specify): AUG 2 1 2002 Description of Incorporation or Organization: O3	Lazard Pacific & Emerging Opportunities, L.P.			
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1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Lazard Pacific & Emerging Opportunities, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) c/o LAM Pacific & Emerging Opps, LLC 30 Rockefeller Plaza New York, New York 10112-6300 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business To operate as a private investment limited partnership Type of Business Organization corporation limited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: O3 O2 Actual Estimated FINANCIAL Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:				HEOFINED TO THE
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Lazard Pacific & Emerging Opportunities, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) c/o LAM Pacific & Emerging Opps, LLC 30 Rockefeller Plaza New York, New York 10112-6300 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business To operate as a private investment limited partnership corporation corporation limited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: O3 O2 Actual Estimated Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:	A. BASIC IDENTIFIC	ATION DATA		
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o LAM Pacific & Emerging Opps, LLC 30 Rockefeller Plaza New York, New York 10112-6300 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business To operate as a private investment limited partnership Type of Business Organization corporation business trust Ilmited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:	Name of Issuer (check if this is an amendment and name has changed, and in	dicate change.)		X 120 E
Brief Description of Business To operate as a private investment limited partnership	Address of Executive Offices (Number and Street, City, State, Zip Code) c/o LAM Pacific & Emerging Opps, LLC 30 Rockefeller Plaza			
Type of Business Organization		ode)	Telephone Number	(Including Area Code)
□ corporation □ limited partnership, already formed □ other (please specify): □ AUG 2 1 2002 Month Year THOWISON Actual or Estimated Date of Incorporation or Organization: 03 02 □ Actual □ Estimated Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:	Brief Description of Business To operate as a private investment limited pa	artnership		DDOCESSED
Actual or Estimated Date of Incorporation or Organization: 03 02 🖾 Actual 🗆 Estimated FINANCIAL Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:	☐ corporation ☐ limited partnership, already formed	othe	er (please specify):	
	Actual or Estimated Date of Incorporation or Organization: 03	02		
			State:	<u>DE</u>

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

* : ,		·	A. BASIC IDEN	TIFICATION DATA		
2. I	Enter the informati	on requested for th	e following:			
(Each promote	r of the issuer, if th	e issuer has been organized	within the past five years;		
(Each benefici of the issuer;	al owner having the	e power to vote or dispose, o	or direct the vote or disposition	of, 10% or more of	a class of equity securities
(Each executiv	e officer and direct	or of corporate issuers and	of corporate general and mana	ging partners of part	nership issuers; and
(Each general	and managing partr	ner of partnership issuers.			
	k(es) that Apply: LAM Pacific & Er	Promoter Preging Opps, LL	☐ Beneficial Owner C	☐ Executive Officer	☐ Director	General Partner
(30 Rockefeller Pl	& Emerging Opps				:
Business o	or Residence Addre	ess (Numbe	er and Street, City, State, Zi	p Code)		
	x(es) that Apply: Lazard Frères &	Promoter Co. LLC	☐ Beneficial Owner	☐ Executive Officer	Director	Managing Member of the General Partner
) (30 Rockefeller Pl	& Emerging Opps laza York 10112-6300		Code)		Partner
		☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
	x(es) that Apply: : (Last name first, i	_	☐ Beneficial Owner	Executive Officer	Director	Managing Partner
· ·	. Last name mist,					
Business of	or Residence Addre	ess (Numbe	er and Street, City, State, Zi	p Code)		
Check Box	x(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name	(Last name first,	if individual)				-
Business c	or Residence Addre	ess (Numbe	er and Street, City, State, Zi	p Code)		
Check Box	x(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name	(Last name first,	if individual)				
Business c	or Residence Addre	ess (Numbe	er and Street, City, State, Zi	p Code)		
Check Box	x(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name	(Last name first,	if individual)				
Business c	or Residence Addre	ess (Numbe	er and Street, City, State, Zi	p Code)		
Check Box	x(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name	(Last name first,	if individual)				
Business of	or Residence Addre	ess (Numbe	er and Street, City, State, Zi	p Code)		
				ditional copies of this sheet, as	necessary.)	

-	•				В.	INFORMA	TION ABO	OUT OFFE	RING				
1. 2.	A What is	nswer also the minim	in Appendum investn	lix, Columinent that w	n 2, if filing ill be accep	, to non-acc g under UL- oted from an ner to accep	OE. ny individu	al			<u>\$1,</u>	No ⊠ 0000,000	
3. 4.	Enter the remune agent of	e informat ration for s f a broker of to be liste	ion request solicitation or dealer re	ed for each of purchase gistered wi	person whers in connects the second	ection with and/or witl	or will be sales of se h a state or	paid or give curities in t states, list t	en, directly he offering the name of	or indirectl If a perso the broker	ly, any com n to be list or dealer.	mmission or	ociated person or an five (5)
Full Na	me (Last	name first	, if individu	ıal)									
Busines	s or Resi	idence Ado	Iress (Num	per and Str	eet, City, S	tate, Zip Co	ode)						
Name o	f Associ	ated Broke	r or Dealer		<u> </u>				_				
			ted Has Sol or check in			olicit Purcha	asers					□ All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last	name first	, if individu	ıal)								u <u>.</u>	
Busines	s or Res	idence Ado	iress (Num	per and Str	eet, City, S	tate, Zip C	ode)						
Name o	f Associ	ated Broke	r or Dealer								<u>.</u>		
			ted Has Sol or check in			olicit Purch	asers					☐ Al:	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] {MO} [PA] [PR]
Full Na	me (Last	name first	, if individ	ıal)						· · · · · · · · · · · · · · · · · · ·	1.01-0010		
Busines	s or Res	idence Ado	dress (Num	ber and Str	eet, City, S	tate, Zip C	ode)			·			
Name o	f Associ	ated Broke	r or Dealer			.							
			ted Has Sol or check in-			olicit Purch	asers					☐ All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already so "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the col the securities offered for exchange and already exchanged.				of .
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	_		\$	0
	[] Common [] Preferred				des se
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests			\$8	630,000
		•			
	Other (Specify)	_		\$	0
	Total	<u>\$</u>	100,000,000	\$8,	630,000
	amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have praggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	ırch	ased securities and Number Investors		ggregate Dollar Amount of Purchases
	Accredited Investors		17	\$8.	630,000
	Non-accredited Investors	_		\$	0
	Total (for filing under Rule 504 only)	-		\$ \$	0
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offer type listed in Part C - Question 1.		g. Classify secur		у
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505				\$
	Regulation A			_ ·	\$
	Rule 504			_	•
				_	Φ
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the esti Transfer Agent's Fees.	in ct to mat	future continger e.	clude ncies.	\$ If \$0
	Printing and Engraving Costs			•	\$*
	Legal Fees			•	\$*
	Accounting Fees		[x]	\$*
	Engineering Fees		[]	\$0
	Sales Commissions (specify finders' fees separately)		[]	\$0
	Other Expenses (identify)	• • • • • •	[k]	\$*
	Total	·····	[x]	\$ 75,000 *
	*All offering and organizational expenses are estimated not to exceed \$_75,000				

b. Enter the difference between the aggregate offering price given in respenses furnished in response to Part C - Question 4.a. This difference issuer."	is the "a	djuste	d gross proceeds t	o the	\$ 99,925,000
Indicate below the amount of the adjusted gross proceeds to the issuer us purposes shown. If the amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal the adjusted gross C - Question 4.b above.	estimat	e and o	check the box to the	e left of th	ne to Part
			Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees]	\$	[]	\$
Purchase of real estate]	\$	[]	\$
Purchase, rental or leasing and installation of machinery and equipment.]	\$	[]	\$
Construction or leasing of plant buildings and facilities]	\$	[]	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)]	\$. []	\$
Repayment of indebtedness]	\$	[]	\$
Working capital	. 	[]	\$	[]	\$
Other (specify): Investment capital		[]	\$	[X]	\$ 99,925,000
Column Totals	- 	[]	\$	[X]	\$ 99,925,000
Total Payments Listed (column totals added)			[X]	\$ 99,925,0	000
D. FEDERAL	SIGNA	TURE			
issuer has duly caused this notice to be signed by the undersigned duly at ature constitutes an undertaking by the issuer to furnish to the U.S. Securitmation furnished by the issuer to any non-accredited investor pursuant to	ties and	Exch	ange Commission,		
er (Print or Type) Signatu	re	$\overline{\Lambda}$			Date

Issuer (Print or Type) Lazard Pacific & Emerging Opportunities, L.P.	Signature	Pate 12 MZ
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
William A. von Mueffling	Authorized Signatory of the Ma General Partner	naging Member of the

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

5.

TETT TO	E. STA	TE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presently subject to an	ny of the disqualification provisions of suc	Yes No
	See Appendix, Column 5, fo	or state response. Not applicable	
2.	The undersigned issuer hereby undertakes to furnish to any stat (17 CFR 239.500) at such times as required by state law. Not ap	· · · · · · · · · · · · · · · · · · ·	notice is filed, a notice on Form D
3.	The undersigned issuer hereby undertakes to furnish to the state offerees. Not applicable	e administrators, upon written request, inf	formation furnished by the issuer to
4.	The undersigned issuer represents that the issuer is familiar wit Offering Exemption (ULOE) of the state in which this notic exemption has the burden of establishing that these conditions has	e is filed and understands that the issue	
	e issuer has read this notification and knows the contents to be true ly authorized person.	e and has duly caused this notice to be sign	ned on its behalf by the undersigned
Iss	uer (Print or Type)	Signature	Date
	Lazard Pacific & Emerging Opportunities, L.P.	W	Ay 5, 100 C
Na	ime (Print or Type)	Title (Print or Type)	•
	William A. von Mueffling	Authorized Signatory of the General Partner	Managing Member of the

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

Lazard	Pacific	&	Emerging	Oppor	tunities. L	"P.
	~ COULT			OPPOL	**********	

1	1 ,	2	Lazaru Fa	acific & Ellio	erging Oppor		•	1	5
1	Intend to	so sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of	investor and amo	5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No_	Limited Partnership Interests \$100,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
CT		Х	X	1	\$10,000	0	0		
DE									
DC									
FL									
GA									
HI								1	
ID									
IL		X	X	3	\$2,900,000	0	0		
IN									
IA									
KS		X	X	1	\$1,500,000	0	0		
KY									
LA									*
ME									
MD		X	X	1	\$150,000	0	0		ı
MA		X	X	1	\$100,000	0	0		
MI									
MN									
MS									
МО									
MT									
NE									

. • APPENDIX

Lazard Pa	cific & Emerging Opportunities, L.P.

			Lazaru Pa	ichie & Em	erging Oppor	tumues, L.P	•		5
1	Intend t non-acc investors (Part B-	o sell to	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of	Type of investor and amount purchased in State (Part C-Item 2)				
State NV	Yes	No	Limited Partnership Interests \$100,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NH									
NJ		X	X	2	\$1,005,000	0	0		
NM						!			
NY		X	X	8	\$2,965,000	0	0		
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT					· ·				
VT					: :				
VA					<u> </u>				
WA						·			
WV									
WI									·
WY									
PR									